



BASIC ACADEMY APPLICATION

(Check One) ☐ **Patrol** ☐ **Detention** ☐ **Correction** ☐ **Juvenile** ☐ **Probation & Parole** ☐ **Adult Misd Probation** ☐

Agency Making Application																											
Application For Class Number		Class Starting Date		Class Ending Date																							
Full Name of Applicant (Last, First, Middle)				Original Hire Date																							
Applicant's Home Address			City, State, Zip																								
Home Phone ()	Drivers License State		Drivers License Number		Place of Birth																						
If Less Than 5 years, Last Drivers License State Number		Nickname/Commonly Used First Name		Applicant's E-Mail:																							
Height	Weight	Sex	Race	Date of Birth		Social Security Number																					
American Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No																								
EDUCATION Please enclose copies of all pertinent certificates		<input type="checkbox"/> High School Graduate <input type="checkbox"/> GED		<input type="checkbox"/> College Degree Type/Major: _____		<input type="checkbox"/> Academic <input type="checkbox"/> Vo-Tech																					
Current Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve					Caliber of Duty Weapon																						
Current Position: <input type="checkbox"/> Patrol <input type="checkbox"/> Detention <input type="checkbox"/> Investigation <input type="checkbox"/> Correction <input type="checkbox"/> Probation & Parole <input type="checkbox"/> Adult Misdemeanor Probation <input type="checkbox"/> Dispatch <input type="checkbox"/> Juvenile Corrections <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Other _____ Date Started or Transferred to this position _____																											
<p>An applicant shall be rejected who has been convicted of any felony crime. A misdemeanor conviction of any federal, state, or local crime may be grounds for rejection of the applicant. Please read and then answer below. **</p> <p><i>The term "Conviction" shall include any conviction in a federal, tribal, state, county, or municipal court; a voluntary forfeiture of bail, bond, or collateral deposited to secure a defendant's appearance; payment of a fine; plea of guilty, nolo contendere; a finding of guilt regardless of whether the sentence is imposed, suspended, deferred, or withheld, and regardless of whether the plea or conviction is set aside or withdrawn, or the case or charge is dismissed, or the record expunged under Section 19-2604, Idaho code, or any other comparable statute or procedure, where the setting aside of the plea or conviction, or dismissal of the case or charge, or expungement of the record is based upon lenity or the furtherance of rehabilitation rather than upon any defect in the legality of factual basis of the plea, finding of guilt, or conviction. IDAPA 11.11.01.055.02</i></p> <p>** HAVE YOU EVER BEEN CITED, ARRESTED, OR CONVICTED OF ANY CRIME?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes If yes, attach statement describing the circumstances and disposition of each charge and include all police and court documents.</p> <p><input type="checkbox"/> Already on file. I attest that all of my criminal convictions have been disclosed, reviewed by my Agency, submitted, and are on file at POST.</p> <p>You <u>must</u> list <u>any</u> and <u>all</u> misdemeanors, felonies, and withheld judgments regardless of how long ago they occurred. Failure to disclose any conviction, regardless of the reason, may be grounds for rejection.</p> <table border="1"><thead><tr><th>Approximate Date</th><th>Police Agency</th><th>Charge *You <u>MUST</u> attach a written explanation for each charge listed and include police and court records.</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> <p>LIST ALL TRAFFIC CITATIONS RECEIVED IN THE LAST FIVE YEARS. (Use Separate Sheet if Necessary)</p> <table border="1"><thead><tr><th>Approximate Date</th><th>Police Agency</th><th>Charge</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>							Approximate Date	Police Agency	Charge *You <u>MUST</u> attach a written explanation for each charge listed and include police and court records.							Approximate Date	Police Agency	Charge									
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HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED? ☐ NO ☐ YES If yes, list below and use separate sheet if necessary.

Approximate Date	Police Agency	Charge (include written statement)

MILITARY HISTORY? ☐ NO ☐ YES If yes, please list below.

Which Branch?	
Type of Discharge	

NO APPLICATION WILL BE PROCESSED WITHOUT AN ATTACHED COPY OF YOUR DD-214 SHOWING DISCHARGE TYPE.

PLEASE READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING

I, the undersigned, hereby agree to obey the Academy regulations and understand that I am subject to dismissal from the Academy for any infraction. I certify that I am of good health, physically fit, and of good moral character, and release the Peace Officer Standards and Training Council, the Idaho State Police, the State of Idaho, and any other official associated or connected with the Academy from liability in case of illness or accident. It is understood that for any illness or injury not covered by employer-provided Worker's Compensation Insurance, I will only be covered to the extent that I would be covered while at my own department under personal or departmental medical insurance. I understand I will be required to enter into an agreement with the State of Idaho, Peace Officer Standards and Training Council, promising to remain within the Law Enforcement profession in the State of Idaho for a period of at least two (2) years following the date of my graduation from the POST Academy; I understand that violation of the terms of said agreement shall create civil liability and that a civil action may be commenced by the POST Council and the State of Idaho for restitution of all sums paid by the Council for my training, plus costs and reasonable attorney's fees. **I certify there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.**

Under Idaho law, in accordance with Sections 18-3201, 18-3202 and 18-3203 of the Idaho Code, it is a crime for any public officer, law enforcement officer or person to falsify an official governmental or public record, or provide any false or forged instrument to be filed, registered or recorded in any public office within the state.

I have read the above statement, and I understand that falsifying required information, by commission or omission, will be grounds for disqualification from the training programs regulated by the Idaho Council on Peace Officer Standards and Training and certification as an officer in the State of Idaho, and may be grounds for the filing of criminal charges against me.

Applicant's Signature	Date
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TO BE COMPLETED BY DEPARTMENT HEAD

Is applicant, while attending the Academy, covered by Workman's Compensation for on-the-job injury? ☐ Yes ☐ No ☐ State Insurance Fund

Name of Any Other Insurance Carrier

Are fingerprints of the applicant on file with the Idaho State Police Bureau of Criminal Identification? ☐ Yes ☐ No ☐ Applicant fingerprint cards enclosed

The applicant named in the application is a full-time certifiable employee as defined in Idaho Code Section 19-5101(d). I believe him/her to be of good moral character and worthy of certification. I certify that the applicant has complied with the minimum standards required by the Council for employment under the administrative rules and regulations, IDAPA 11, Title 11, Chapter 01, Sections 050-064. I certify that my agency has screened the applicant for criminal history background. My opinion is based upon personal knowledge or inquiry. The personnel records of this jurisdiction, including the records maintained by the Bureau of Criminal Identification of the Idaho State Police, substantiate this recommendation.

Agency Head's Signature

Date

Return to: POST Academy 700 S. Stratford Dr. Meridian, Idaho 83642-6202

See POST website for online forms: http://www.idaho-post.org/POST_Forms/Forms.htm